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ABSTRACT

Consistent with the national population growth pattern for nonmetropolitan areas, demographers have identified a significant shift in the residence of persons 65 years or older. In conjunction with an increased awareness of the discrepancy between the availability of human services for the elderly in urban and rural communities, establishment of a greater number of such services in small towns and rural communities has developed. Experience has demonstrated, however, that delivery models developed for urban areas are not always applicable, or effective, in rural environments. The development of new and innovative models for delivering human services to the elderly in rural areas will depend in part on a critical assessment of what we know about the aging process of rural elderly. Five dimensions are constructed to reflect the major implications of the available research for the practitioners responsible for delivering human services. The issues discussed are: (1) the existing diversity in rural communities, (2) recognition of the aging life span as a dynamic period of growth, (3) commonly held myths about the rural elderly which are not supported by research, (4) horizontal cooperation in rural communities, and (5) family-oriented programming for the rural elderly. (Author)

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DELIVERING HUMAN SERVICES TO THE RURAL ELDERLY: IMPLICATIONS FROM RESEARCH*

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INTRODUCTION

Beginning in 1970 demographers began to track a reversal in the vast rural-to-urban population migration that had been the common pattern in the decades immediately following World War II. During a three-year period beginning in 1970 the nonmetropolitan counties of our country gained 4.2 percent in population as compared to a 2.9 percent increase for metro areas (Beale, 1975; Brown, 1977). Apparently in the eyes of many Americans, the appeal of major urban areas had diminished and the attractiveness of rural and small town communities had increased.

Consistent with this larger growth pattern for nonmetropolitan areas, demographers have been able to identify a shift in the residence of the elderly. The specific nature of these growth patterns, reported by Wang and Beegle (1977) for the elderly and by Beale (1975) for the general population, argue against the interpretation that this recent rural turnaround is simply due to "metropolitan sprawl." Analyzing data for the 1054 counties in the North Central Region[1] for the period between 1960 and 1970, Wang and Beegle (1977) were able to demonstrate that of the 599 most remote counties (i.e., those nonmetropolitan counties which are not adjacent to a SMSA) about 60% had experienced a net inmigration of persons 65 years and older. The authors also reported that about 50% of the 311 nonmetropolitan counties which were adjacent to SMSA's experienced an inmigration of the elderly. In stark contrast to these patterns, about 65% of the SMSA counties of this region reported a net outmigration of older residents.

During this period of growth for small towns and rural areas, local community planners and residents became more aware of the discrepancy which existed between the availability of human services in urban as compared to rural communities. Social planners with state and national perspectives began to realize that the increased number of human services located in urban centers, many of which had evolved from the "War on Poverty" programs, did not service the large number of families and individuals who lived in sparsely populated areas. Legislative representatives of rural areas, as well as those with vested interests in small towns, began calling for their "fair share of the federal pie" and the burgeoning human service bureaucracy.

As a result, human services of all types expanded in small towns and rural communities during the late 1960's and early 1970's, and services for the elderly were no exception. These significant increases, however, have failed to erase the rural-urban differences. Taietz and Milton (1977) surveyed 53 upstate New York counties to determine the social services available for the elderly and compared their data to a similar survey conducted in the counties in 1967 (Taietz, 1973). In the second study all services for the elderly were found to be significantly more prevalent than they had been in the earlier study. The greatest growth, however, had occurred in the rural areas. In 21 of the 25 services on which data had been collected, increases were greater for the rural than for the urban counties. Nevertheless, significant rural-urban differences persisted. The authors reported that in their sample the urban counties still provided more services for the elderly than did their rural counterparts,[2] although the differences were now less than they had been in 1967.

The earliest attempts by practitioners to develop and deliver human services in rural areas soon demonstrated one important fact--rural areas would require more than simply a "watered down version of the big city program." Aspects of program development and delivery that had been of little concern when developing models for urban areas suddenly became major obstacles to rural implementation. In recent years several authors have pointed out the need to develop innovative organizational structures and models for delivering social services in rural settings (Coward, Kerckhoff and Jackson, 1976; Coward, 1977b, Taietz, 1975; Williams, 1976). Yet, more often than not rural programs continue to be little more than scaled-down versions of urban programs.

The development of new and innovative models for delivering human services to the elderly in rural areas will depend in part on a critical assessment of what we know, and don't know, about the aging process in such environments. Part of this knowledge base is so embedded in the research literature that it currently has little impact on the work of practitioners (Coward, 1976; Coward and Cervantes, 1977). In preparing this paper it was our intention to explore a major portion of the research which is available on the rural elderly and extract from it several of the major implications it holds for those responsible for delivering human services. The paper is not meant to be an exhaustive review of the literature available on the aged; rather, it represents a selective process which reflects our concern with the delivery of community services. The available literature was thus sifted to determine those critical areas which contain practical implications.

RESEARCH ON THE RURAL ELDERLY

The amount of research on the rural elderly is meager when compared to that which is available on the aged who reside in urban settings (Adams, 1975; Powers, Keith and Goudy, 1975; Taietz, 1977). This discrepancy has placed social scientists and practitioners in a weak position to define any significant rural-urban differences which may exist and therefore considerable controversy exists. Schooler (1975) has argued that although superficial examinations reveal relatively minor or trivial differences between the rural and urban elderly, his investigations have identified important differences in the process of aging. In a similar vein, Glenn (1967) has cautioned that the "rural-urban convergence that almost all observers claim to perceive is real but not as marked as many people believe (p. 179)."

There is little disagreement among social scientists that the elderly in rural and urban areas face very similar psychosocial issues of development; such as, retirement, death, declining physical health, decreased income and perceived losses of power, status and respect. However, an individual's reactions and responses to these issues are in part defined by the psychosocial environment in which they live and the alternatives which that environment provides (Coward and Kerckhoff, forthcoming). Although academic controversy will continue as to whether or not the differences between the rural and urban elderly are "real," the practitioner is left to act on the best knowledge available. The need to synchronize research and practice has been often repeated; however, in reality it is still more an ideal than a norm.

In the sections which follow we discuss five implications from the research that we feel warrant consideration by professionals developing and delivering services to the rural elderly.

DIVERSITY IN RURAL COMMUNITIES

In our zeal to characterize environmental similarities, we have all too often made the mistake of overgeneralizing the concept of rurality, and in the process have obliterated the diversity which exists in rural environments. Taietz (1977) reminds us that the "rural-urban dichotomy overlooks the variation within the rural segment and treats rural as if it were a homogeneous group (p. 3)."

Practitioners and researchers have defined rural in both quantitative and qualitative terms. Yet, as Atchley (1975) has pointed out:

> Both types of definitions are concerned with a sensible, arbitrary point at which the social organization of a given space begins to be rural. Quantitative definitions emphasize that the smaller the scale of life, the more likely it is that an area will exhibit symptoms of rurality--life in the open country....Qualitative definitions of rural are generally tied to a set of ideals as to what truly rural places ought to be like (p. 2).

Atchley (1975) further noted that the variations in the definition of rural are concerned with the "boundaries of the categories, not their existence (p. 1)." He stated "certainly there are rural people in the United States and there are aged people, but any operational definition of these concepts will necessarily be arbitrary (p. 1)."

For the practitioner the danger lies in the building of programs on a set of generalizations about the rural elderly which may or may not be true for their particular locality. Certainly there are distinct implications for community programming which evolve from the peculiarities of the rural setting, however, practitioners should be cautioned to avoid oversimplification. In a particular setting there may be other factors, such as income, education or physical disability, which should be given greater consideration by practitioners when deciding how a program is structured and conducted.

The recent migrational pattern of the elderly into nonmetropolitan areas represents still another factor to consider when examining the homogeneity of small towns and rural communities. Zuiches and Brown (1977) have described by age the net migration into nonmetropolitan areas during the period 1970-1975. Their data indicate significant gains for nonmetropolitan areas for the very young (5-14 years), the young adult (25-34 years), the middle family ages (35-44 years) as well as for the elderly (65+ years). Elsewhere Brown (1977) has argued that these are crucial age groups for the human service practitioner because young families and the elderly "need and demand various goods and services that are not always available in sufficient quantity in rural communities (p. 28-29)."

Perhaps more importantly, those who do migrate from metropolitan to nonmetropolitan communities may bring with them a set of expectations for community services which are significantly different from those held by life-long residents.

Rural communities may be entirely different "creatures" as a function of whether or not the elderly residing in them are predominantly local residents or retirement havens for outsiders. Their basic needs may be similar, but their expectations for services and preferences for delivery strategies may vary widely.

AGE DIVERSITY

Another potential oversimplification which the practitioner must avoid is the tendency to categorize everyone over 65 years of age into a single category. Indeed, those over 65 years of age, most of whom are retired, share many common situations and problems. Yet, to lump their needs and interests into one category denies the developmental aspects of human growth and behavior. The "aging life span" incorporates 30 or 40 years which are not a static period of growth. From a social service delivery perspective, the needs and interests of an 85 year old may differ as much from the 65 year old as would those of a 45 year old. Twenty years younger or older is a significant time-span and will require practitioners to recognize the diversity which may exist.

Beattie (1976) has identified five phases of aging which he argues require distinctly different types of community services (see Table 1). Although the need for such services can be loosely tied to broad chronological age ranges, the typology is not meant to be rigidly applied. Rather, the table is presented to emphasize that research has demonstrated developmental diversity in the needs of the "over 65 generation."

INSERT TABLE 1 ABOUT HERE

To plan services as if all individuals over 65 years of age are alike is an oversimplification which will inevitably lead to poor programming. Similarly, to plan services around a rigid conceptualization of developmental needs denies individual variability. Practitioners must recognize that life after 65 is not static, growth still occurs, and the dynamic nature of that growth needs to be recognized and reflected in community programming.

MYTHS ABOUT THE RURAL ELDERLY

Social service planning for the rural elderly may require a certain amount of relearning for many of us--a reversal of some commonly held misconceptions about "country living." Not all small town families are like the TV Waltons! Although there are few studies which compare rural-urban families patterns related to the elderly, those studies which are available suggest that some differences do exist and that rural patterns may not reflect the traditional myths of the integrated rural setting (Bultena, 1969; Shanas, et al., 1968;

Youmans, 1963). Powers, Keith and Goudy (1975) have suggested that such extant myths reflect "the long-standing assumption that disintegration of the family has proceeded further in the city and that the heterogeneous nature of the city has a deleterious effect on primary groups and undermines intrafamilial activities (p. 68)."

The work of Powers, Keith and Goudy (1975) provides an extensive overview of family and friendship patterns in the rural elderly which accurately portrays our best understanding of the family life of these individuals. From this review they conclude that many of the frequently held beliefs about the rural elderly have no foundation in fact. Indeed, the authors essentially argue that myths surrounding the rural elderly, like those which had been discussed seventeen years earlier by Kaplan and Taietz (1958), still exist. In that earlier work, Kaplan and Taietz explored several common misconceptions:

- Firstly, because of the supposed anonymity of urban areas, many assume that loneliness is a greater problem for the urban aged. Yet, data indicate that the spatial isolation of rural homes, the lack of public transportation systems, the out-migration of the young and the death of family and friends all contribute to the loneliness of the rural elderly.

- Secondly, it is commonly held that the rural elderly remain integrated into the community even after retirement because of friendships, family ties and organizational involvement. Unfortunately, there is little data to support this belief. The social contacts between the elderly and members of their family are not greater in small towns and rural communities. At the same time, the changing nature of rural environments are eliminating some of the traditional avenues for community participation for the elderly.

- Lastly, and perhaps most damagingly, the myth persists that informal helping systems abound in small towns. Within this myth the rural aged are seen as being able to turn to family, friends and the community when there is need. It is true that the aged in rural settings turn to family and friends, but probably not in as great a number as the urban aged.

The task for the practitioner working in small towns and rural communities becomes sifting the myth from the reality. It is critical for all human service practitioners to implement formal and informal needs assessment techniques to assure that their programs are built on real and not assumed needs. However, for the rural practitioner this procedure may be even more necessary since the knowledge base from which they must work is smaller and the myths bountiful.

HORIZONTAL COOPERATION IN RURAL COMMUNITIES

Of all the problems that have plagued the development of human services for the rural elderly perhaps the most important, and yet the one least written about, is that which is caused by the attitudes and perceptions of social

intervention which are so deeply ingrained in the inhabitants of small towns and rural communities. Human service programs of all types have been plagued by an inability to establish credibility in rural areas. Buxton (1976) has argued that the first exposure of most rural areas to human services was through welfare programs and that the public attitudes formed toward that program have lingered on to color the perceptions of all subsequent social programs. He stated:

> I would suggest that a local public welfare agency and its clientele represent an affront to all that is held to be of value in many communities: self-sufficiency, independence, thrift and family loyalty. After all, the department was "thrust" in by federal and state action, it reflects outside values, and it is usually staffed by outsiders of a higher educational level than most residents (Buxton, 1976, p. 32).

The establishment of rural credibility has all too often been complicated by reform-minded newcomers hell-bent on making conditions better (as they define better); convinced that they know the way (and that people will follow them); and ignorant of the formal and informal lines of communication, authority and self-help that have already been established. The inhibiting role of attitudes is thus at least two-edged--one edge reflects the reluctance of rural communities to openly embrace the formal social intervention philosophy--the other reflects a perception on the part of reformists that nothing is happening in rural areas--that because there are few people or buildings in one place, life is simple. To the latter we would quote Ginsberg's (1969) caution that a small scale of life does not necessarily imply simplicity.

Warren (1963) has argued that as societies on the whole become more bureaucratic, the horizontal ties between local community units become weaker and the vertical ties (i.e., the relationships of local community units to institutions outside the community) become stronger. The bureaucratic nature and size of the human service agencies in our country, including those for the elderly, have been resisted by the inhabitants of some rural areas (remember our earlier discussion of rural diversity) and may also have served to weaken the more naturally occuring ties which existed between established community organizations and institutions. Williams (1976) has characterized the challenge facing rural practitioners as:

> to strengthen the "horizontal" ties within the community and in so doing provide mechanisms to encourage service integration at the local level. However, the "vertical" or outside forces which have tended to weaken and make obsolete many of the institutions within rural communities must somehow be used to the advantage of the local community (quoted in Taietz, 1975, p. 153).

The strengthening of "horizontal" ties in rural communities may require the implementation of programming which supports and/or cooperatives with, instead of replaces, established community units. This is not a new proposal. Within programming for the aged we have seen the creation of "Area Agencies on Aging" whose mandate is to coordinate and integrate the services for the aging within a particular community. A senior HEW official stated that the

principal function of the Area Agencies was "not to provide services, not to set up a new or competing service system, not to replace existing facilities and financial resources; but rather to insure target group need oriented planning and delivery of services (p. 160)." Nevertheless, these agencies have had their difficulties. Evidence abounds which suggests that efforts to coordinate the service institutions of a community are inevitably met by resistance (Taietz, 1975). In part this is probably a function of the artificial boundaries professionals establish as their "territory." The enormous inter-community competition for relatively limited resources serves to foster territoriality and not cooperation and integration.

FAMILY-ORIENTED PROGRAMMING FOR THE RURAL ELDERLY

With the exception of a very few elderly, the vast majority of the aged are linked in significant ways with their kindred. Further, despite physical separation for their children, there is evidence to suggest that the emotional ties between adult children and older parents remain quite strong. Lastly, and perhaps most importantly for the purpose of our discussion, in times of need aged parents will turn to their children for assistance. Shanas and Sussman (1977) have used the above generalizations, in conjunction with other supportive data, to argue that the primary family group provides a reasonable alternative to large human service bureaucracies when considering care for the elderly. To these authors the major task confronting practitioners is "how to more effectively involve family and kin network in long-term care of the elderly and to do this without using the power of law and without destroying the internal dynamics of the particular family unit (Shanas and Sussman, 1977, p. 218)."

The overwhelming majority of human services, and programs for the elderly are no exception, are developed and delivered for individuals as if they lived in an isolated vacuum. That is, the programs fail to recognize that the recipients of their services are embedded in a social context--in most cases this is a family or kinship group but it can just as appropriately include whatever intimate circle of human beings surrounds the aged person. In some instances a greater appreciation of the interrelatedness of the many systems which impact an individual or an institution has lead human service practitioners to recognize the importance of incorporating relevant parts of the system into the change process (Coward, 1977a). In fact, the concept of systems is useful because it dramatically highlights the twin facts that the social services will affect more than just the "client," and in order to affect the client it might be necessary to involve significant other people in the social system, especially the family (Coward and Kerckhoff, forthcoming).

The family-oriented approach, therefore, has two dimensions which warrant consideration by the practitioner with responsibility for programming for the elderly. Firstly, there is the possibility of increasing the impact of the intervention as a function of involving in the process significant others as defined by the aged individual. Secondly, the alternative of shifting primary delivery responsibility to those families who can assume them and thus creating a support role for the human service professional, reduces the need for large

numbers of local professionals and presumably has cost benefits as well. Shanas and Sussman (1977) believe that the latter is workable if the tremendous resources which are now consumed by the human service bureaucracy were reallocated to provide incentives for families to assume their filial responsibilities for the elderly.

SUMMARY

In preparing this paper we have attempted to review and digest a large portion of the everexpanding literature on the elderly. Our intent was to reduce this large mass to a few critical implications which would reflect important consideration for practitioners developing and delivering programs for the elderly, especially those living in small towns and rural communities. This reduction process has been by nature arbitrary and by necessity reflects our bias and understanding of the integracies of community planning. We are fully aware, however, that what is one man's work is another's trivia. To venture forth with four or five major implications will surely leave out someone's primary interest and/or concern and in that person's mind, therefore, reduce the importance of the dimensions which are presented. Nevertheless, the need for translating the work and language of researchers to that of practitioners continues to exist. Beattie (1976) has argued that the lack of translation "continues to be a major barrier to the use of research by those providing services (p. 639)."

In many ways we have begged the controversial issue of whether or not the rural elderly differ in significant ways from the urban elderly. We have reviewed some of the research that suggests that differences do exist. For our interests, however, the critical perspective, which is seldom disputed, is that delivering social services in rural areas does differ in important ways from work in large urban centers. The two are not mutually exclusive, but differ enough to require distinctly unique considerations during planning and delivery.

Our work has led us to present five major cautions for practitioners to consider when developing programs for the rural elderly. Briefly stated these were:

- Recognize that there is great diversity in rural America, that life in small towns and rural communities is similar in some important ways and different in others.
- Remember that the "aging life span" incorporates 30 or 40 years and that this span is not a static period of growth. Therefore, community services must reflect the changing needs of advanced aging.
- Be aware that many of the commonly held myths about the rural elderly are not supported by the results of empirical research. Practitioners must be sure that their services are based on reality and not assumption.
- Recognize the advantages of strengthening "horizontal" rural community ties and supporting the naturally occuring helping systems.

- Lastly, remember that including in the delivery process those who are significant others in the lives of the aged may increase the impact of the intervention program.

Programming for the rural elderly is already a major concern and unless there is a reversal in the present migrational pattern to nonmetropolitan areas this concern will continue. Therefore, it behoves social gerontologists, family and rural sociologists (and those rare few who are both), and practitioners to join now in exploring innovative alternatives and adaptations of existing models to render them consistent with our best understanding of the rural elderly and rural community development.

FOOTNOTES

[1]In the Wang and Beegle (1977) study the North Central Region included the following twelve states: Michigan, Ohio, Indiana, Illinois, Iowa, Missouri, Kansas, Wisconsin, Minnesota, Nebraska, South Dakota and North Dakota.

[2]There is little consistency between investigators as to what defines a "rural" environment. In this particular study, Taietz and Milton (1977) defined a county as rural if less tha. fifty percent of its population lived in communities with 2500 or more persons. These authors selected this criterion because:

> the problem of service delivery is less acute in counties with concentrated centers of population and a smaller number of persons located outside these centers. This is the implicit distinction when rural-urban dichotomies are invoked in the aging literature (Taietz and Milton, 1977, 4-5).

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Table 1: Community Service Planning as a Function of Developmental Phases of Aging*

TYPE OF SERVICE	APPROXIMATE AGE	SPECIFIC GOALS	TYPICAL SERVICES
Adjustment and integrative service	Somewhere in the 50's and extended until the mid-70's.	The participation of older persons in the life of the community; the retention and use of capacities and potentials in a way that is personally satisfying and socially approved and recognized; and adjustment to new social roles in the family and in the broader community.	New careers through adult and continuing education; specialized employment and volunteer placement programs; preretirement and post-retirement counseling; bereavement counseling; specialized recreational programs for the aging; and senior center programs.
Supportive services	75 years and older	To aid the older person in his usual living arrangements (with adult children, friends, etc.) when this is no longer possible through his own efforts.	Outreach services, organized day care; geriatric day hospitals; escort services; homemaker/home-health aides; friendly visiting; portable meal services; substitute family care-foster care; home repair services; transportation services and telephone lifelines.
Congregate and shelter care services	Mid to late 80's and above	To protect older persons from the hazards of living in the open community or from their inability to cope with independent or family living situations due to physical and/or mental infirmity.	Substitute family care; specialized housing, including health, social and recreational services; in-patient long-term care and treatment facilities; temporary in-patient emergency service; and, respite-family vacation care.
Protective services	Extremely advanced ages and with limited mental functioning due to mental deterioration, emotional disturbances, or extreme infirmity	To protect the civil rights and personal welfare of the older person from the neglect and/or exploitation by relatives, friends, the community at large, and, at times, himself.	Coordinated and focuses organization of legal, medical, psychiatric and social services to manage affairs in such areas as providing for personal and physical needs, planning and decision making and in the handling of finances.
Specialized terminal care facilities and services	When appropriate	Enable the dying person to maintain personal integrity; support the dying person and the family in their attempts to deal with feelings and experiences related to separation and loss.	Coordinated social, psychological and medical services.

*Adapted from Beattie, W. M., Jr. Aging and the social services. In R. H. Binstock and E. Shanas (Eds.), Handbook of Aging and the Social Sciences. New York: Van Nostrand Reinhold Company, 1976, 619-642.